

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-043668

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

296

11 FEB NOV 26 1963

PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Clinton

Length of stay in 1b

15 da

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Fristoe

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EMMA LULU UPTON

4. DATE
OF DEATH

Month Day Year
Nov 18, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/31/85

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Lincoln, Neb.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

S.B. Hoge

13b. MOTHER'S MAIDEN NAME

Eva Bell Covalt

14. NAME OF HUSBAND OR WIFE

William R. Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv.)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

William R. Upton Warsaw RR, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute Gastrointestinal Hemorrhage

30 Min.

DUE TO (c)

Perforated Gastric Ulcer -Stress

30 Min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Multiple Fractures, Contusions, Abrasions, Auto Accident

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Two car auto accident 10/26/63

20c. TIME OF
INJURY

Hour Month, Day, Year
a.m. p.m.

10:30 AM 10/26/63

Near Warsaw, Mo. Benton County

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Street or Highway

20f. CITY, TOWN, OR LOCATION

Warsaw

COUNTY

Benton

STATE

Mo.

21. I attended the deceased from 10/26/63 to 11/18/63 and last saw her alive on 6:00 P.M. 11/18

Death occurred at 11/18/63 6:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carroll R. Wetzel

22b. ADDRESS

105 E. Ohio, Clinton, Mo.

22c. DATE SIGNED

11/19/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/21/63

23c. NAME OF CEMETERY OR CREMATORY

Fristoe Cemetery

23d. LOCATION (City, town, or county)

Benton Co. Mo.

(State)

24. FUNERAL DIRECTOR

John F. Reser

ADDRESS

Warsaw, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 20, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Consaluel

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained 11-20-63 (118)